

COMMONLY ASKED QUESTIONS & ANSWERS

Q: Why are we getting this vaccine?

A: Anthrax is a lethal biological weapon. Vaccination before exposure is critical to protect us against this weapon.

Q: Is the vaccine all I need to protect against inhalational anthrax?

A: Vaccination is a vital component of Force Health Protection. Being fully vaccinated greatly increases your chances of surviving an exposure to anthrax. Force Health Protection is enhanced through early warning and detection systems, and proper wear of protective gear. Antibiotics play a limited role, but vaccination is essential.

Q: Is this vaccine safe?

A: Yes. As with other vaccines, minor reactions are common. Serious adverse events may occur after any vaccination, but they are rare.

Q: What are the side effects?

A: Like other vaccines, anthrax vaccine may cause burning, soreness, redness, itching, and swelling at the injection site. Up to 30% of men and 60% of women report mild local reactions, but these reactions usually last only a few days. For both genders, between 1% and 5% report reactions of 1 to 5 inches in diameter. Larger reactions occur about once per hundred vaccinees. A lump at the site occurs commonly, usually lasting for a few weeks, before going away on its own, if left alone. Beyond the injection site, from 5% to 35% may notice muscle aches, joint aches, headaches, malaise, rashes, chills, low-grade fever, nausea, or related symptoms. These symptoms usually go away in less than a week.

Any vaccine can cause serious reactions, such as those requiring hospitalization. For anthrax vaccine, they happen less than once per 200,000 doses. Severe allergic reactions occur less than once per 100,000 doses.

Discuss with a health-care provider whether antihistamines or pain relievers before or after vaccination can help reduce bothersome symptoms. Report adverse events to a health-care provider promptly, before receiving additional vaccinations.

Q: What about long-term side effects?

A: After 30 years experience, there are no known long-term side effects to anthrax vaccination. At Fort Detrick, MD, 1,500 laboratory workers have been followed for 10 years or more after anthrax vaccination. None developed unexplained symptoms due to repeated doses of this or other vaccines they received. From this and other monitoring, no patterns of delayed side effects to anthrax vaccine have been found. Monitoring continues.

Q: What if I am pregnant or breast-feeding?

A: A recent study at Fort Stewart found that anthrax-vaccinated women are just as likely to get pregnant as unvaccinated women. And anthrax-vaccinated women are just as likely to successfully give birth as unvaccinated women.

Prudent medical practice defers any vaccination during pregnancy, unless clearly needed. Therefore, pregnant women do not receive the anthrax vaccine, unless anthrax exposure occurs or is imminent. Women who believe they may be pregnant should inform their health-care provider before vaccination. Once pregnancy is confirmed, anthrax vaccinations will be deferred until the woman is no longer pregnant.

The Centers for Disease Control and Prevention (CDC) reports that vaccines are safe for breast-feeding women, causing no harm to children whom breast-feed.

Q: What if I'm planning on having children?

A: The vaccine contains no infectious substance. Therefore, there is no reason to delay child bearing. This applies to both vaccinated men and vaccinated women.

Q: Anthrax vaccine was administered to personnel deployed in the Persian Gulf War. Has the anthrax vaccine been scientifically linked to illnesses among Gulf War veterans?

A: No. Several renowned scientific groups, including the National Academy of Sciences, have addressed this issue and found no evidence to link the FDA-licensed anthrax vaccine with illnesses among Gulf War veterans.

Q: Does anthrax vaccine contain squalene?

A: Squalene is not and has not been added to anthrax vaccine. Squalene is a natural oil produced by the human body and by bacteria. Tests by the Food & Drug Administration (FDA) found squalene in five lots of anthrax vaccine, at minute levels, less than found naturally in the human bloodstream. FDA officials called this squalene “naturally occurring and safe.”

Q: What other medical conditions should I inform the medical staff about?

A: If you have an active illness, a chronic illness under medical treatment, or take medication that suppresses the immune system, inform the medical staff before taking any vaccine.

Q: If I feel I'm having a health problem related to vaccination, what should I do?

A: If an adverse event occurs, seek medical care. Any adverse event involving 24 hours or more time lost from duty, or hospitalization, must be reported by your health-care provider using the Vaccine Adverse Events Reporting System (VAERS). We encourage anyone to report a vaccine-associated adverse event of any severity through VAERS. For blank forms, go to <http://www.vaers.org> or contact VAERS at 1-800-822-7967.

Q: I'm a Reservist/Guard member. If I have an adverse reaction, can I go to a military (DoD or Coast Guard) hospital or clinic?

A: Yes. Adverse events after DoD- or USCG-directed vaccinations are line-of-duty illnesses.

Therefore, a member of the Reserve Component

may seek initial treatment and evaluation at any military treatment facility after vaccination given during a period of duty. The member will be examined and provided necessary medical care. Once the condition is stabilized, Line of Duty and/or Notice of Eligibility status will be determined by the member's unit. No treatment beyond that justified to stabilize the condition or emergency is authorized until Service connection is validated. Evaluation does not require being in a duty status, nor DEERS enrollment. For more information, contact your unit representative.

Q: What happens if I am late for a dose?

A. All reasonable steps should be taken to receive each vaccination on or as close as possible to the approved schedule. Do not get vaccinated early. If you are late for a vaccination, get it as soon as possible. There is no increase in side effects from late vaccinations. Getting vaccinated late does not reduce the protection you ultimately develop. But you may not be ideally protected during the interval when your dose is overdue.

Q: Does the vaccine “slowdown” affect me?

A: The slowdown of the program results from a temporary shortage of FDA-released vaccine. During the slowdown, some people who began the vaccination series will have scheduled doses temporarily deferred, to preserve the limited supply for those at highest risk. When the supply of FDA-released vaccine is restored, the full scope of the program will resume.

Q. Does delaying scheduled shots affect the safety or effectiveness of the vaccine?

A. Deferred doses have not been found to increase side effects from any vaccine. There is no reduction in the level of protection achieved, once you complete all doses in the series.

Each dose of anthrax vaccine adds to the anthrax-fighting antibodies in your blood stream. This is like climbing steps on a ladder towards full protection. Data from studies show that delays of 18 to 24 months did not reduce the body's ability to respond to the next dose of anthrax vaccine.

When anthrax vaccine supply is restored, those who deferred any doses will resume vaccinations where they left off. Service Members are not expected to restart the shot series. This is consistent with guidance from the Centers for Disease Control & Prevention's Advisory Committee on Immunization Practices.

Q: Am I required to take the vaccine?

A: Yes. This vaccine, like every other required vaccination, is necessary to prepare you for deployment. Medical exemptions can be granted, if medically appropriate.

Your health and safety are our number one concern.

Anthrax vaccine is safe & effective.

Anthrax is a lethal disease.

The threat is real.

For more information on the Anthrax Vaccine Immunization Program:

Call toll free 1-877-GET-VACC (1-877-438-8222)
www.anthrax.osd.mil

WHAT EVERYONE NEEDS TO KNOW ABOUT THE ANTHRAX VACCINE

1 September 2001



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WHAT IS THE THREAT?

Several potential adversaries have biological weapons. These weapons could cause widespread death among unprotected U.S. forces. Anthrax is the biological weapon most likely to be used because it is:

- Highly lethal
- Easy to produce in large quantities
- Relatively easy to develop as a weapon
- Easily spread over a large area
- Easily stored, dangerous for a long time
- Odorless, colorless, tasteless, hard to detect

WHAT IS ANTHRAX?

Anthrax is a disease normally associated with plant-eating animals (sheep, goats, cattle, and swine). It is caused by the bacteria *Bacillus anthracis*. Once common where livestock were raised, it is now controlled through animal vaccination programs in the U.S. and other countries. Anthrax still occurs in countries where animals are not vaccinated, mainly in Africa and Asia.

Inhalational anthrax is the disease that results from breathing in anthrax spores. Under expected battlefield conditions, experts believe you can inhale in one deep breath enough anthrax spores to kill you. Symptoms of inhalational anthrax can begin as early as 24 hours after breathing the spores. Initial symptoms include fever, cough, and weakness. These ultimately progress to breathing problems, shock, and death in almost all cases.

WHY VACCINATE?

Vaccines prevent illness by stimulating the body's natural disease-fighting abilities. They are among the most powerful tools developed by modern medicine to keep people healthy. Vaccines are used routinely in the U.S. to protect against diseases such as tetanus, mumps, measles, whooping cough, and polio. Vaccines also help protect against biological weapons like

anthrax.

As part of Force Health Protection, personnel are given other vaccines to protect against naturally occurring diseases when deploying overseas. Examples include typhoid, hepatitis A, and yellow fever.

WHAT IS ANTHRAX VACCINE?

Anthrax vaccine is a sterile liquid made from a strain (type) of the anthrax organism that does not cause disease. The vaccine contains no living or dead anthrax organisms. Vaccination produces antibodies that neutralize the disease-causing protein common to every strain of anthrax. Human anthrax vaccines were developed in England and the U.S. in the 1950s and early 1960s. The anthrax vaccine you will receive was licensed in 1970 by the Food and Drug Administration (FDA) and is produced by BioPort Corporation of Lansing, Michigan under License No. 1260.

The vaccination schedule consists of six doses, with the first three given two weeks apart. The next three doses are given at intervals of five months, six months, and six months after the date of the previous dose. After the sixth dose, booster doses are given every 12 months to maintain immunity.

Anthrax Vaccine has been safely and routinely administered in the U.S. to at-risk veterinarians, laboratory workers, and livestock handlers since 1970.

Anthrax is a highly lethal biological weapon.